

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

JUBILEE HEALTHCARE, INC.)	
)	
Plaintiff,)	
)	
vs.)	Case No. 4:16-cv-2196
)	
BLUE CROSS BLUE SHIELD OF)	
ILLINOIS)	
)	
Defendants)	

APPENDIX TO NOTICE OF REMOVAL

Defendant Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation (“BCBSTX”), respectfully files the following Appendix to Notice of Removal.

- Exhibit 1: Docket Sheet from Cause No. 16-JSC12-00248; Jubilee Healthcare, Inc. v. Blue Cross Blue Shield of Illinois; In the Justice Court, Precinct 1, Place 2, Fort Bend County, Texas
- Exhibit 2: Original Petition in Cause No. 16-JSC12-00248, filed June 15, 2016
- Exhibit 3: Original Answer of Blue Cross Blue Shield of Illinois in Cause No. 16-JSC12-00248, filed July 8, 2016
- Exhibit 4: Original Citation issued to Blue Cross Blue Shield of Illinois in Cause No. 16-JSC12-00248, issued June 15, 2016
- Exhibit 5: List of counsel of record

Respectfully submitted,

By: /s/ Andrew F. MacRae
ANDREW F. MACRAE
State Bar No. 00784510
LEVATINO|PACE PLLC
1101 S. Capital of Texas Hwy
Building K, Suite 125
Austin, Texas 78746
Tel: (512) 637-1581
Fax: (512) 637-1583
andrew@lpfirm.com

Attorneys for Defendant
Blue Cross Blue Shield of Illinois

[Skip to Main Content](#) [Logout](#) [My Account](#) [Search Menu](#) [New Civil Search](#) [Refine Search](#) [Back](#)Location : Fort Bend [Images](#) [Help](#)**REGISTER OF ACTIONS**CASE NO. 16-JSC12-00248**Jubilee Healthcare Inc. vs Blue Cross Blueshield of Illinois, Raymond F McCaskey /CEO**§
§
§
§
§Case Type: **Small Claims**Date Filed: **06/15/2016**Location: **JP1-2****PARTY INFORMATION**

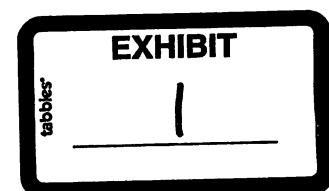
Defendant Blue Cross Blueshield of Illinois Chicago, IL 60601	Attorneys Andrew F. MacRae <i>Retained</i> 512-637-1581(W)
Defendant McCaskey /CEO, Raymond F Chicago, IL 60601	
Plaintiff or Petitioner Jubilee Healthcare Inc. Sugar land, TX 77479	

EVENTS & ORDERS OF THE COURT

OTHER EVENTS AND HEARINGS			
06/15/2016	<u>Case Filed (open event)</u>		
06/15/2016	<u>Citation</u>		
06/15/2016	Civil Citation Service		
	Blue Cross Blueshield of Illinois	Served	06/24/2016
		Response Due	09/22/2016
		Returned	07/14/2016
	McCaskey /CEO, Raymond F	Unserved	
07/08/2016	<u>Answer/Response</u>		
07/15/2016	<u>Citation Return</u>		

FINANCIAL INFORMATION

	Plaintiff or Petitioner Jubilee Healthcare Inc.		
	Total Financial Assessment		46.00
	Total Payments and Credits		46.00
	Balance Due as of 07/21/2016		0.00
06/15/2016	Transaction Assessment		46.00
06/15/2016	In Person Payment Receipt # 12-148977	Mbonu, Chike R	(46.00)



CASE NO. _____

JUBILEE HEALTHCARE INC
(PLAINTIFF)vs BLUE CROSS BLUESHIELD OF ILLINOIS
(DEFENDANT)§
§
§
§

JUSTICE OF THE PEACE

PRECINCT ONE - PLACE TWO

FORT BEND COUNTY, TEXAS

ORIGINAL PETITION SMALL CLAIMSPlaintiff Name: JUBILEE HEALTHCARE INC.
Phone number: 713-344-4519 Address: 3102 ASPEN HOLLOW LN
281-762-1917 SUGAR LAND TX 77479Describe the legal nature of Plaintiff: ☐ individual ☐ sole proprietorship (d/b/a) ☐ partnership ☐ corporation
☐ limited partnership ☐ limited liability companyDefendant Name: RAYMOND F. MCCASKEY, CEO BLUE CROSS BLUE SHIELD OF ILLINOIS
Phone number: _____ Address: 300 RANDOLPH STREET
CHICAGO, ILL 60601(if known): Date of Birth NA Last 3 Numbers of Driver License NA Last 3 Numbers of Social Security NADescribe the legal nature of Defendant: ☐ individual ☐ sole proprietorship (d/b/a) ☐ partnership ☒ corporation
☐ limited partnership ☐ limited liability companyDefendant may be served by serving: (If an individual, state the name of the Defendant. If a sole proprietorship (d/b/a), partnership, limited partnership, corporation, or limited liability company, state the name and title of the person authorized to receive service of process for the Defendant) RAYMOND F. MCCASKEY, CEO BLUE CROSS BLUE SHIELD OF ILLINOIS
Defendant may be served at: address above / other: 300 RANDOLPH STREET CHICAGO ILL 60601Complaint: (State the basis for the claim in plain and concise language, sufficient to give fair notice of the claim and to provide enough information to enable the Defendant to prepare a defense.) PLAINTIFF JUBILEE HEALTHCARE INC. DELIVERED HOME HEALTH CARE SERVICES TO THE DEFENDANT INSURED CLIENT MARIE PACHECO ID # 839260198, ACCOUNT NO 11087ABA. THERE AFTER DELIVERY OF SAID SERVICES, DEFENDANT DID NOT PAY THE FULL AMOUNT OWED THE PLAINTIFF JUBILEE HEALTHCARE INC.Relief Requested: Plaintiff seeks damages in the amount of \$ 10,000, and/or return of personal property as described as follows (be specific): _____, which has a value of \$ _____.Additionally, plaintiff seeks the following: COURT COST AND OTHERS☐ If you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address, please check this box, and provide your valid email address: _____Julie Wilson
Signature of ☒ Plaintiff ☒ Agent ☐ Attorney

Printed Name of Plaintiff / Agent / Attorney

Agent / Attorney Address / Phone Number (if different)

JUBILEE HEALTHCARE INC3102 ASPEN HOLLOW LN, SUGAR LAND TX 77479
Cell - 713-344-4519Court notices, correspondence, and phone calls to be directed to ☒ Plaintiff ☒ Agent ☐ Attorney

Case No. _____

In the Justice Court, Precinct 1 - Place 2, Fort Bend County, Texas

JUBILEE HEALTH CARE INC
AGENT CHILE MBONU
Plaintiff

VS

MR RAYMOND F. McCASKEY - CEO
BLUE CROSS BLUE SHIELD OF ILLINOIS
Defendant

AFFIDAVIT OF MILITARY STATUS OF DEFENDANT(S)

Before me, the undersigned authority, on this day personally appeared:

Who, under penalty of perjury (fine and/or up to one year in jail), state the following:

My name is CHILE RAPULUEIKE MBONU (MEDIATOR)

I am the plaintiff or Attorney of record or authorized agent of the plaintiff.
I am capable of making this affidavit. The facts stated in the affidavit are within
my personal knowledge and are true and correct.

(check one)

- ☐ Defendant is not in the military.
- ☐ Defendant is in the military service, I know this because _____
- ☒ I am unable to determine whether or not the Defendant is in military service.

Chile MbONU

Plaintiff Signature/Attorney or Agent for Plaintiff

SWORN TO and SUBSCRIBED before me on this 15th day of June, 2016.

Zuhair Abbas

Notary Public in and for the State of Texas
Or Clerk of the Justice Court





JUBILEE HEALTHCARE, INC.



BlueCross BlueShield of Illinois
300 East Randolph Street
Chicago, Illinois 60680.

April 20, 2016

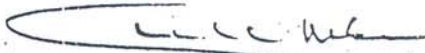
Re: Jubilee Healthcare, Inc., Creditor
Home Health Services
Patient Name: Marie Pacheco
Provider Tax ID: 205827104
Your Member ID: 839260198
Patient Account No: 11087-ABRA

Dear sir or madam

The purpose of this letter is to demand of money owed regarding your open Account. On October 18, 2011, the amount owed is \$16,900.00. This total amount consists of \$16,900.00, principal; \$0.00, interest accrued through October 18, 2011.

Demand is now made for payment of the debt. If Jubilee did not receive the full payment within 30 days, the only option left is to file a complaint to the Texas Commissioner of Insurance.

Jubilee has made several demands regarding this debt. If you have any questions, please do not hesitate to call or write.

Sincerely 
Chike Mbonu (CFO) cell # 713-344-4519

Subject: JUBILEE HEALTHCARE INC BILLING ISSUES

From: Jubilee Healthcare Inc. - Mbonu, Nkoli RN (jubileehcr@yahoo.com)

To: veronica.guess@kgmbsolution.com; mbonulaw@yahoo.com; jubileehcr@yahoo.com;

Date: Friday, May 20, 2016 1:25 PM

How are you? This is Chike Mbonu, I will like to set up appointment to meet with discuss issues about Jubilee Insurance companies unpaid claims and others. Most of the insurance companies said that you did not sent them the bills for example ,Bravo, Well-care, Blue Cross Blue Shields, Humana .Please I need an urgent reply.

Sincerely,
Chike Mbonu
Cell-713-344-4519

FAX

To: Chike Mbonu
Company:
Fax: 12817621716
Phone:

From: Rosemary Venegas
Fax:
Phone:
E-mail:

NOTES: Marie Pacheco

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at (312) 653-6000 in Illinois; (800) 437-5000 in Montana; (800) 835-8699 in New Mexico; (918) 560-3500 in Oklahoma; or (972) 766-6900 in Texas.

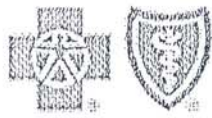
Date and time of transmission: Monday, May 16, 2016 5:43:08 PM
Number of pages including this cover sheet: 06

Marie Pacheco.docx

Response_101011.pdf

Response_022713.pdf

Thanks,
RoseMary Venegas
Executive Inquiry Specialist, SDO
Phone (972)766-5373 or ext. 6-5373
rosemary_venegas@bcbstx.com



BlueCross BlueShield
of Illinois

May 16, 2016

Sent via fax: 281-762-1716
Number of Pages: 2

Chike Mbonu
Jubilee Healthcare, Inc.
3102 Aspen Hollow Lane
Sugar Land, Tx 77479

Product Type: PPO
Subscriber: Marie Pacheco
Patient: Marie Pacheco
Group/ID: Marie Pacheco
Group/ID: 444904 / 839260198

Dear Mr. Mbonu:

I am writing in response to your inquiry received in our office on May 9, 2016. In the inquiry, you state the provider is owed \$16,900.00 for services rendered to the above mentioned patient.

Marie Pacheco is covered by a health plan offered to employees of BNSF Railway Company. The coverage was effective January 1, 2009 and is currently active.

The insured's membership is with Blue Cross Blue Shield of Illinois (BCBSIL), the "Home Plan." The Home Plan holds the membership information and administers benefits. Blue Cross and Blue Shield of Texas (BCBSTX), the "Host Plan" administers claim processing for the Texas Providers.

When Texas Providers file their claims with BCBSTX, the claim information is transmitted to the Home Plan. The Home Plan determines the payment according to the group's benefits and the Host Plan's allowable amounts. The benefit determination is transmitted back to the Host Plan. The Host Plan notifies the provider of the claim's disposition and makes any applicable payment.

After a review of your concerns we have determined BCBSTX has received two claims totaling \$16,900.00 from Jubilee Healthcare, Inc.

- **Claim 2233501J0870X** for dates of service March 28, 2011 to April 28, 2011 and billed charge \$12,500.0 was received by BCBSTX on August 20, 2012. The claim information was transmitted to BCBSIL. BCBSIL Illinois transmitted the

approval to allow benefits. Thus, the benefit payment of \$3,750.00 was paid to the provider on September 6, 2012 by electronic check E7541943. The patient share is \$8,750.00 (\$2500.00 coinsurance & \$6,250.00 ineligible amount over the Allowable Amount). Since Jubilee Health Care Inc., is not a Provider in the PPO Network the patient is responsible for this amount.

- **Claim 126303000030C** for dates of service March 28, 2011 through April 28, 2011 and billed amount \$4,400.00 was received by BCBSTX on September 20, 2011. The claim was withdrawn due to incorrect prefix being submitted. A response letter was sent to the provider on October 10, 2011 (copy attached). The claim was re-registered on February 12, 2013 under claim 304305020440C; however, was also withdrawn as the Provider Tax ID was missing. A response letter was sent to the provider on February 27, 2013 (copy attached).

Based on the information reviewed the claim (2233501J0870X) for \$12,500.00 has been processed correctly. The patient share is \$6,250.00. Since the provider is Out-of-Network and does not have a contract with BCBSTX they do not have to accept our Allowable Amount as full satisfaction of the claim. Therefore the provider can balance bill the member the difference in the billed amount and the Allowable Amount. It is the provider's choice whether or not they balance bill the patient for amounts over the Allowable Amount or discount a portion of the bill.

Based on the information reviewed the claim (304305020440C) for \$4,400.00 was submitted with no Provider Tax ID. Our records indicate this charges were never resubmitted after the response letter dated February 27, 2013 was sent to the provider. At this time, BCBSTX would need a corrected claim that shows all of the necessary information before we could process the charges for \$4,400.00.

Should you have any further questions, please feel free to contact our Customer Service Department at (800) 521-2227.

Sincerely,

Rose Mary V. 131013

Executive Inquiry Specialist

Attachment(s): Response dated October 10, 2011
 Response dated February 12, 2013

Cc: File

From: CHIKE MBONU <mbonulaw@yahoo.com>

To: "rosemary_venegas@bcbstx.com" <rosemary_venegas@bcbstx.com>, Nkoli Mbonu <jubileehhcr@yahoo.com>

Date: 05/18/2016 12:44 PM

Subject: Jubile Health Care Claim- Marie Pacheco

Group/ID: Marie Pacheco

444904 / 839260198

See Attachment

HCSC Company Disclaimer

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at (312) 653-6000 in Illinois; (800) 447-7828 in Montana; (800)835-8699 in New Mexico; (918)560-3500 in Oklahoma; or (972)766-6900 in Texas.

Attachments

- 2233501J0870X.docx (358.59KB)

1 JUBILEE HEALTH CARE INC. 3102 ASPEN HOLLOW LANE SUGAR LAND TX 77479		2 DCN:02012233501J0870X		3a PAT. CNTL # 11087ABA		329	
b MED. REC. #		5 FED. TAX NO. 205827104		6 STATEMENT COVERS PERIOD FROM 032811 THROUGH 042811		7	
8 PATIENT NAME a		9 PATIENT ADDRESS b 514 RED MEADOW		c TX d 77336		e	
b PACHECO MARIE		b SPRING		c TX d 77336		e	
10 BIRTHDATE 01171982		11 SEX F		12 DATE 032811		13 HR 00	
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38 D-REAS: H-COMP.Y AID: SUBMIT ID:S04760		39 CODE 61		VALUE CODES AMOUNT 26420.00		40 CODE	
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COPY

CAUSE NO. 16-JSC12-00248

JUBILEE HEALTHCARE, INC.)	IN THE JUSTICE COURT
)	
Plaintiff)	
v.)	
)	PRECINCT 1, PLACE 2
BLUE CROSS BLUE SHIELD)	
OF ILLINOIS)	
Defendant)	FORT BEND COUNTY, TEXAS

ORIGINAL ANSWER

Defendant Blue Cross Blue Shield of Illinois, a division of Health Care Service Corporation, a Mutual Legal Reserve Company, on its own behalf and on behalf of Raymond F. McCaskey to the extent he is a party defendant, files the following Original Answer to Plaintiff's Original Petition.

General Denial

BCBSTX enters a General Denial pursuant to Rule 92.

WHEREFORE, PREMISES CONSIDERED, Defendant Blue Cross Blue Shield of Illinois requests that Plaintiff take nothing by its suit, and that BCBSIL be awarded its costs of court. BCBSIL further requests such other relief, both legal and equitable, to which it may show itself justly entitled.

2016 JUL -8 PM 12:02

FILED

EXHIBIT 3

Respectfully submitted,

By: _____

ANDREW F. MACRAE
State Bar No. 00784510
LEVATINO|PACE LLP
1101 S. Capital of Texas Highway
Building K, Suite 125
Austin, Texas 78746
Tel: (512) 637-1581
Fax: (512) 637-1583
andrew@lpfirm.com

Attorney for Defendant
Blue Cross Blue Shield of Illinois

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Original Answer has been forwarded to all parties of record, this 7th day of July, 2016, as follows:

Via e-mail: jubileehhcr@yahoo.com

Chike R. Mbonu
3102 Aspen Hollow Lane
Sugar Land, Texas 77479

_____
Andrew F. MacRae

DEFENDANT'S COPY



SMALL CLAIMS / DEBT CLAIM CITATION

**Honorable Mary S. Ward
Justice of the Peace, Pct 1, PI 2
FORT BEND COUNTY, TEXAS**

Case No.: 16-JSC12-00248

Jubilee Healthcare Inc.

vs

Blue Cross Blueshield of Illinois, Raymond F
McCaskey

§ IN THE JUSTICE COURT

§ Justice of the Peace, Pct 1, PI 2

§ FORT BEND COUNTY, TEXAS

THE STATE OF TEXAS
COUNTY OF FORT BEND

TO: ANY SHERIFF, CONSTABLE OR OTHER PERSON AUTHORIZED BY LAW, OR ANY PERSON
CERTIFIED UNDER ORDER OF THE TEXAS SUPREME COURT:

Deliver this citation to: Blue Cross Blueshield of Illinois
By serving CEO Raymond F. McCaskey
300 Randolph ST
Chicago IL 60601

To the Defendant:

You have been sued. You may employ an attorney to help you in defending against this lawsuit. But you are not required to employ an attorney. You or your attorney must file an answer with the court. Your answer is due by the end of the 14th day after the day you were served with these papers. If the 14th day is a Saturday, Sunday, or legal holiday, your answer is due by the end of the first day following the 14th day that is not a Saturday, Sunday, or legal holiday. Do not ignore these papers. If you do not file an answer by the due date, a default judgment may be taken against you. For further information, consult Part V of the Texas Rules of Civil Procedure, which is available online and also at the court listed on this citation. Your written answer may be filed at Justice of the Peace, Pct 1, PI 2, 1517 Eugene Heimann Circle, Suite 100 Richmond TX 77469.

This citation is issued pursuant to a petition filed by the above-named plaintiff. The Plaintiff's demand being for the sum of \$10,000.00, together with attorney fees, cost of court, interest as provided by law and general relief. A copy of the Petition filed 06/15/2016 is attached.

Issued and given under my hand, Texas, 6/15/2016.

Honorable Mary S. Ward
Justice of the Peace, Pct 1, PI 2
Fort Bend County, Texas

By Rachelle Murphy
Rachelle Murphy, Deputy Justice Court

Service Copy

EXHIBIT 4

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

JUBILEE HEALTHCARE, INC.)	
)	
Plaintiff,)	
)	
vs.)	Case No. 4:16-cv-2196
)	
BLUE CROSS BLUE SHIELD OF)	
ILLINOIS)	
)	
Defendants)	

LIST OF COUNSEL OF RECORD

Plaintiff's Counsel:¹

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EXHIBIT 5

¹ Plaintiff is not represented by counsel. The information provided is for the individual who filed the suit, as Plaintiff's agent.